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FEE SCHEDULE

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Laurie Morgan	(Depositor's name)
<i>Laurie Morgan</i>	(Signature)
6/23/05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/931,649	08/15/2001	Debi Mishra	MS1-929US	2836

TITLE OF INVENTION: SEMANTICS MAPPING BETWEEN DIFFERENT OBJECT HIERARCHIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$300	\$1700	09/12/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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INGBERG, TODD D	2193	717-136000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Lee & Hayes, PLLC

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Microsoft Corporation

Redmond WA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee

Publication Fee (No small entity discount permitted)

Advance Order - # of Copies 2

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-0769 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Brian J. Pangrle

Date 6-21-05

Typed or printed name Brian J. Pangrle

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